

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6349

318

1003

1906

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Little Sisters of Poor 5				d. STREET ADDRESS (If rural, give location) 3225 N. Florissant Ave. 0			
3. NAME OF DECEASED (Type or Print) Marguerite Kelly			a. (First)		b. (Middle)		c. (Last)
5. SEX F. \		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 1		8. DATE OF BIRTH Jan. 1, 1870	
9. AGE (In years last birthday) 79		# UNDER 1 YEAR 1		# UNDER 1 YEAR 27		# UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 1	
12. CITIZEN OF WHAT COUNTRY?				13a. FATHER'S NAME William Shanahan			
13b. MOTHER'S MAIDEN NAME Marguerite Sheridan				14. NAME OF HUSBAND OR WIFE Michael Kelly			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Sister Jeane, 3225 N. Florissant Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION None			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) None			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. None				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from May 12, 1947, to Feb. 28, 1949, that I last saw the deceased alive on Feb. 27, 1949, and that death occurred at 8 A. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edward L. Hottel, M.D.				23b. ADDRESS 2435 N. Grand Blvd.			
23c. DATE SIGNED 2-28-49				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE Mar. 1, 1949				24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.			
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				DATE REC'D BY LOCAL REG. Feb 28 1949			
REGISTRAR'S SIGNATURE R. B. Basater				FUNERAL DIRECTOR'S SIGNATURE J. J. Donnelly			
ADDRESS 3840 Lindell Blvd.				(Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Thomas R. Fenwick

Signed
Student Embalmer

Licensed Embalmer No. _____

3793

P. O. Address _____

3840 Lind

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.